

## **Operational Definition of Care Management**

### *Medical Home Expansion for Clients who are Aged, Blind or Disabled*

The terms ‘Medical Home’ and ‘Care Management’ are inexorably linked. One of the key components of a medical home is that client care is coordinated and managed. Expanding access to a medical home is one of the strategies utilized in developing care management programs. Washington and five other states recently collaborated with the Center for Health Care Strategies, Inc. to define Care Management and issue a framework for states to use when developing or expanding care management programs.

### ***What is Care Management?***

Care Management programs apply systems, science, incentives, and information to improve medical practice and assist consumers and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively. The goal of care management is to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services.<sup>1</sup>

### ***What are the Key Components of Care Management?***<sup>2</sup>

- ❖ **Identification and Prioritization:** Population identification processes: identify clients at the highest risk who offer the greatest potential for improvements in health outcomes.  
*Tools/Strategies: Health assessments, predictive modeling, surveys, referrals.*
- ❖ **Intervention:** Should be tailored to meet individual client needs and involve the client in planning and decision making. Interventions should improve quality and cost effectiveness.  
*Tools/Strategies: evidence based practice guidelines, care planning, integrate physical and behavioral health, collaborative practice models, patient self management education.*
- ❖ **Evaluation:** includes systematic measurement, testing and analysis to be sure interventions improve quality, efficiency and effectiveness.  
*Tools/Strategies: Program evaluation; utilize known measures such as HEDIS and CAHPS.*
- ❖ **Payment/Financing:** Reimbursement should be re-aligned to support and reward providers for quality.  
*Tools/strategies: Pay for Performance, expanded payments for care management and Medical Home related services, e.g. care planning activities or expanded clinic hours.*

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<sup>1</sup> Adapted from R. Mechanic. Will Care Management Improve the Value of U.S. Health Care? Background paper for the 11<sup>th</sup> Annual Princeton Conference. The entire paper is at:  
<http://healthforum.brandeis.edu/research/pdfs/CareManagementPrincetonConference.pdf>

<sup>2</sup> Center for Health Care strategies, Inc. Care Management Definition and Framework. For more information, go to:  
[http://www.chcs.org/usr\\_doc/Care\\_Management\\_Framework.pdf](http://www.chcs.org/usr_doc/Care_Management_Framework.pdf)